DOCUMENT RESUME

ED 203 579 EC 132 862

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TITLE Child Health in the Eighties: A Conference Held at the John F. Kennedy Child Development Center, University of Colorado Sciences Center, Denver, Colorado, February 15, 1980.
INSTITUTION Colorado Univ., Denver, John F. Kennedy Child Development Center.
SPONS AGENCY Department of Education, Washington, D.C.
PUB DATE Feb 80
NOTE 50p.

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Agency Cooperation; Community Health Services; Coordination; *Disabilities; Elementary Secondary Education; Financial Support; Health Programs; *Health Services; School Health Services

ABSTRACT

Proceedings from a 1980 symposium on the delivery of education and health services to handicapped children are summarized. Topics briefly addressed include funding, leadership and responsibility, communication and trust, and coordination and collaboration strategies. Fifteen conference recommendations are listed, including that each level of government should establish and/or publicize funding priorities for child health programs; that fiscal rewards should be established to encourage innovative efforts; and that health agencies, schools, and social service agencies should plan together for programs that complement each other. Abstracts of 31 model collaborative projects presenting innovative service delivery schemes are presented along with abstracts of seven model training/curriculum programs. Program summaries are followed by names and addresses of contact persons. (CL)

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ED203579

CHILD HEALTH IN THE EIGHTIES

A Conference Held at the John F. Kennedy
Child Developme.,t Center
University of Colorado Health Sciences Center
Denver, Colorado
February 15, 1980

U.S. DEPARTMENT OF HEALTH,
EDI ATION & WELFARE
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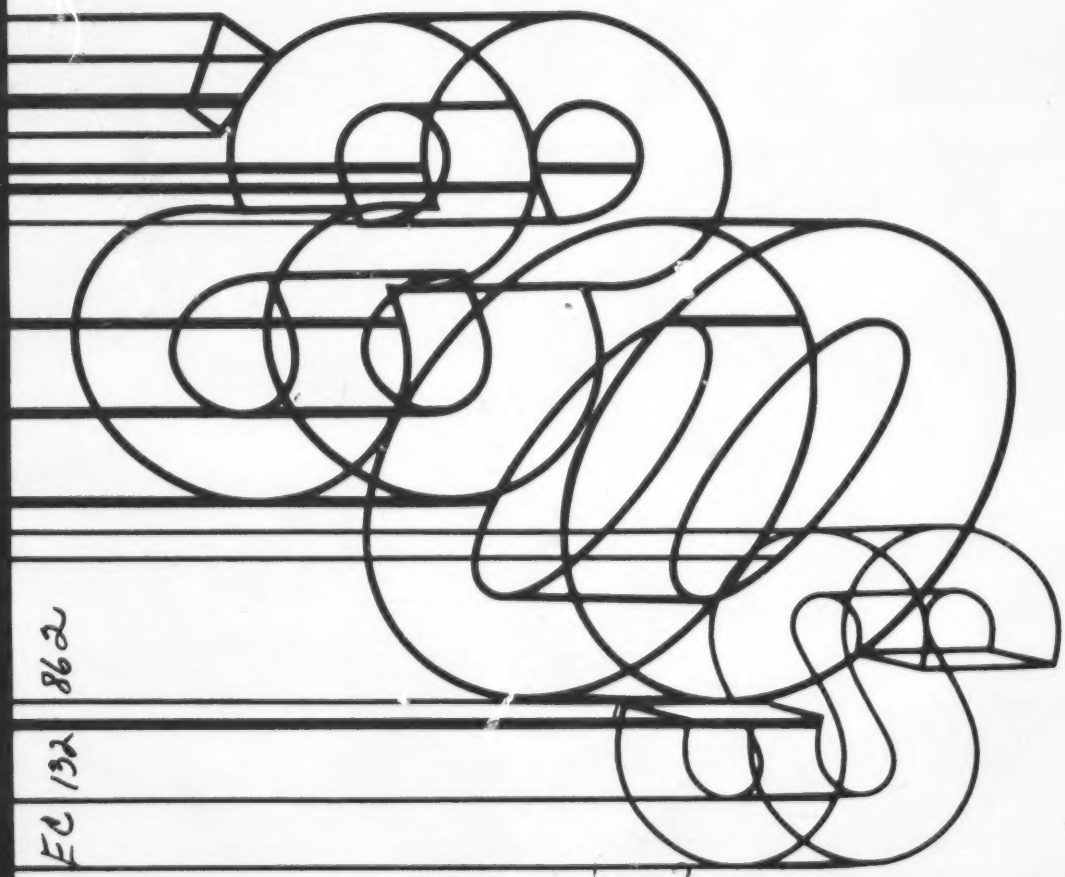

EC 132 862

NOTE

This publication was written under the auspices of the U.S. Office of Education but came off the press after the Office's staff, programs, and functions were transferred to the U.S. Department of Education upon its establishment May 4, 1980. Although originally prepared as a publication for the Office of Education, an Agency no longer in existence, it nonetheless contains valid information as a publication for the Department of Education, despite any seemingly current references in it to the Office of Education, its Bureaus, other organizational subdivisions, or activities.

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The activity which is the subject of this report was supported in whole or in part by the Office of Special Education, U.S. Department of Education. However, the opinions expressed herein do not necessarily reflect the position or policy of the Office of Special Education, and no official endorsement by the Office of Special Education should be inferred.

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Please Note:

The Staff, programs., and functions of the Office of Education were transferred to the U.S. Department of Education upon its establishment May 4, 1980.

The Bureau of Education for the Handicapped is now the Office of Special Education under the Education Department.

The Department of Health, Education and Welfare is now the Department of Health and Human Services.

FOREWORD: MEETING THE HEALTH NEEDS OF AMERICA'S CHILDREN

Professionals in health and in education have long held that their responsibilities to children were separate and that the lines of authority were clearly delineated. Recently, the services provided by a wide variety of federal, state, and local programs for handicapped children have begun to blur the traditional distinction between health services and education. Further, professionals in both health and education have become convinced that such stubbornly enforced separation of disciplines can lead to a lack of comprehensive planning, fragmentation of service efforts, and an increase in costs.

On February 15, 1980, 19 health professionals and educators met in Denver to discuss the issues surrounding health services to children—issues which have become particularly compelling since the advent of P.L. 94-142, The Education For All Handicapped Children Act. The meeting was important because it represented another part of a continued cooperative effort for the mutual benefit of children. During the past three years, the Bureau of Education for the Handicapped, the Health Care Financing Administration, and the Public Health Service have been developing joint agreements at the federal level and have also been working together to identify and encourage promising practices which combine education and health initiatives. Yet the real work is done at the state and local level. This is why meetings such as the one held in Denver are so important to the future of America's children. It is only through such an open exchange of ideas that a state or a school district can decide the best approach for serving its children. This exchange begins when doctors who diagnose handicapped children can talk to teachers who educate them, when parents can share their frustrations with school health nurses who see their children during the day, and when school administrators can share their ideas with others who have tried similar programs.

Just as every child is different, so is every school district and every school within the district. A community makes a decision about its delivery of educational and health services based on its own needs, resources, and the latest information available from experts. It is therefore vital that professionals not only continue to share ideas with each other, but also to make them available to communities. The manner in which those ideas are used can well be the determinant in establishing sensitive, effective, responsible programs to meet both the health and the educational needs of our children.

EDWIN W. MARTIN

CONFERENCE PROCEEDINGS

In the past two decades, the definition of health has changed significantly to "the state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (World Health Organization). Along with this change in the overall definition of health has come a broadening of the perception of children's health needs. Today, children need—at a minimum—the following:

1. Health education;
2. Health services, including
   a) a medical "home" where periodic and continuous physical and behavioral-developmental health services are provided,
   b) immunizations,
   c) screening, diagnosis, and assessment to identify inapparent problems,
   d) emergency care and first aid,
   e) effective guidance and counseling,
   f) promotion of good nutrition,
   g) rehabilitation when chronic health problems are present;
3. A healthful environment, including emotional health, physical safety, and adequate sanitation;
4. Fostering attitudes of self-reliance for the promotion of health among parents—and more importantly—among children themselves.

Along with changes in the definition of health and a broadening of the perception of child health needs have come changes in the roles of both medicine and education. The Task Force on Pediatric Education noted in 1978 that pediatricians must address the biosocial and developmental problems of children, the health needs of adolescents, and the needs of children with chronic handicapping conditions.

School systems are also more aware that poor health prevents optimal school learning and therefore are placing greater emphasis on health promotion for all children. In addition, federal legislation has mandated that school systems must educate all children, including the handicapped, and ensure that they receive needed health services.

The changing roles of medicine and education have done little to simplify the health delivery system to children. Indeed, it has long been recognized that America's health delivery is pluralistic in nature. For example, medical services are provided not only by private practitioners, but also by a variety of public programs, including Maternal and Child Health, Crippled Children's, Medicaid and its Early Periodic Screening Diagnosis and Treatment, Developmental Disabilities, Neighborhood Health Programs, mental health programs, and so forth. Similarly, the schools have a pluralistic delivery system, with each of more than 16,000 districts determining to a great extent its own course of action.

Since the resources and funds to meet the health needs of America's

children are limited, it is now more necessary than ever that health providers and educators collaborate to deliver services. Recognizing that no one group is in a position to provide all of the health care America's children need, the Bureau of Education for the Handicapped funded a one-day conference in Denver, Colorado, on February 15, 1980. It was designed to explore ways of promoting collaboration and sharing of responsibility between medical care providers and educators.

Because of the brevity of the conference, attendance was limited primarily to representatives of physicians' organizations and nursing groups and to educators. Others attending (see "List of Conference Participants" on page 37) included representatives of federal and state agencies, and one private foundation. Certainly, the conference could have included psychologists, social workers, psychiatrists, dentists, and other health-care providers as well; it is anticipated that future conferences could be broader in scope and could, therefore, more appropriately include professionals from a wider range of specialties.

PROCEEDINGS

The one-day conference on child health was held at the John F. Kennedy Child Development Center, University of Colorado Health Sciences Center, in Denver, Colorado. It included representatives from a variety of previously mentioned groups and agencies that are in a position to improve the health of this nation's children.

Conference participants were in agreement that numerous obstacles currently prevent optimum child health care in this country. Since resources are limited, participants urged coordination and collaboration to achieve the common goal of improved child health.

Having agreed on this general point, the conference broke into three groups to discuss obstacles to child health delivery. The groups examined issues at the local, state, and national levels. Certain problems were recognized as being common to all three levels and therefore are combined for the purposes of this report. Major issues which emerged during group meetings and later discussion were seen generally as those involving:

1. funding,
2. leadership and responsibility,
3. communication and trust, and
4. collaboration.

FUNDING ISSUES

One funding issue touched upon by the three groups was the need for establishing funding priorities at each level of government. In addition, participants expressed the need for the revision of laws and regulations to permit the flexible use of funds and methodologies. Participants agreed that legislation should focus on making the relevant agency or governmental entity accountable for the end product. This change would

permit increased flexibility and the use of methods to meet the needs of individual communities.

Participants also felt the need for fiscal reward systems at all levels of government to encourage innovative and cost-efficient efforts. Currently, disincentives which are built into many systems discourage communities and agencies from working to improve child health. For example, a community which works conscientiously to meet federal regulations early in the life of a new program is likely to lose funding in the following years to communities which have not complied with the regulations.

LEADERSHIP AND RESPONSIBILITY ISSUES

Conference participants saw the need for increased community involvement in the setting of priorities at each level of government.

Another problem area was identified as the lack of broad and well-known federal policies (both fiscal and program policies) regarding child health. "Well-known" was stressed, because while some federal agencies have a broad statement of policy for use when planning within the agency, conference participants felt that such policies were not always made known to all levels of government and to all interested persons.

The need for a designated leader or catalyst (whether an agency or coalition) at each level of government was discussed. Ideally, such a leader should have the authority to decide how monies for health programs would be allocated and spent, since it was believed that leadership is probably not as effective without fiscal authority. Participants did realize that it might be difficult to establish a single point of leadership, because such a plan would depend heavily upon trust between professionals and agencies.

COMMUNICATION AND TRUST ISSUES

Major discussion centered on issues of communication and trust; it was agreed that poor communication between health providers, educators, family members, and agencies results in a lack of knowledge about health systems, a lack of trust, and barriers to shared responsibility, coordination, and collaboration. The lack of communication was seen as being a major cause of "turf" battles between medical personnel, educators, and various agencies. It was agreed that professionals, paraprofessionals, and individuals must learn to understand what each can offer and must trust each other's capabilities.

The lack of understanding and trust, it was felt, clearly demonstrates the need for improved education at all levels. It was recommended that colleges of medicine, nursing, and education should add interdisciplinary training to basic and continuing education curricula. Education of the public would include teaching both parents and children to view child health as important and worthwhile.

COORDINATION AND COLLABORATION ISSUES

Discussion then turned to coordination and collaboration strategies, which were seen as particularly important since as many as five different agencies may be mandated to perform the same task. Federal and state funds, it was agreed, should be used to encourage coordination and collaboration in new and ongoing program design, in personnel, and in all training and education efforts. Such joint efforts would eliminate costly and senseless duplication of efforts.

It was further agreed that joint cross-discipline planning is particularly important where funding matters are involved. Conference participants noted that health agencies, social service agencies, and schools frequently apply for program funding without considering applications being submitted by other agencies. It was deemed essential that these entities plan and apply jointly for funding for programs which will be complementary.

Finally, conference participants agreed that regulations prohibiting communities, agencies, and professionals from working together must be eliminated and that a federal mandate must be developed to require collaborative efforts and eliminate duplication in education, health, and social services.

SUMMARY OF RECOMMENDATIONS

Although no specific votes were taken, conference participants reached general agreement that the following recommendations should be implemented.

1. Each level of government should establish and/or publicize funding priorities for child health programs.
2. Existing and new laws and regulations should be revised, when necessary, to permit the flexible use of funds and methodologies to reach specified objectives.
3. Emphasis of new and existing legislation should concentrate on accountability, instead of focusing on methods of reaching a given goal.
4. Fiscal rewards should be established to encourage innovative efforts; disincentives should be eliminated.
5. Community involvement should be encouraged in the setting of priorities at each level of government.
6. Federal agencies should establish and give widespread dissemination to fiscal and program policies.
7. A designated child health leader should be established at each level of government; if possible, this leader should have fairly broad fiscal authority.
8. Colleges of medicine, nursing, and education should encourage interdisciplinary training in existing and continuing education curricula.
9. Each level of government should attempt to educate parents and children regarding the importance of child health efforts.
10. Federal and state monies should be used to encourage collaboration in program design, personnel, and training and education efforts.

11. Health agencies, schools, social service agencies, etc., should plan together for programs which will complement each other. For instance, they could specify that equivalent activities performed previously do not need to be repeated to satisfy the agency's mandate.
12. The federal government should eliminate any regulations which inhibit collaborative efforts; federal agencies should mandate collaborative efforts and eliminate duplicative programs.
13. Greater emphasis should be given to funding model interagency collaborative programs that aim to foster the health of children.
14. The Secretary of Health and Human Services and the Secretary of Education should be requested to establish an interdisciplinary working group, which in the field of child health could articulate and publicize priorities, and support national, state, and local efforts.
15. A second conference of broader scope and longer duration should be held to enhance the health of this nation's children through the promotion of interagency collaboration. Participants, having derived a consensus of opinion at this first meeting, suggested that the collaborative effort be expanded to include other disciplines (such as psychologists, psychiatrists, social workers, dentists, teachers of child health, parents, and other professional groups). These professionals could develop specific proposals of what their constituent groups can do to foster collaboration at the national, regional, state, and local levels. Through such an effort, it should be possible to promote the health of this nation's children in a most cost-efficient manner.

MODEL COLLABORATIVE PROGRAMS

Conference participants felt that a sampling of model collaborative projects could be included in this publication as a way of demonstrating the kinds of interagency service programs that are being tried. Participants also stipulated that models would be included only as a way to generate ideas and that no endorsement or validation of the models was intended.

The variety of interagency programs is impressive. Not only are there government- funded projects for state-wide collaboration, but there are also private nonprofit collaborative groups focusing on single issues in individual communities. Programs have been set up in medical centers, public schools, neighborhood clinics, health departments, and private dwellings. Services coordinated include Child Find campaigns, Early Periodic Screening, Diagnosis and Treatment (EPSDT) in public schools, parent education classes to combat child abuse, and self-taught health education curricula for elementary school students.

The possibilities are virtually endless. For the purposes of this report, brief abstracts on a few such projects have been compiled. The list is not intended to be comprehensive; it is intended simply to demonstrate some of the ways that agencies are joining forces in efforts related to child health. Similarly, inclusion in this publication should not be considered as an endorsement or validation.

Abstracts are arranged alphabetically by state within two groups. Those in the first group describe service-delivery models; those in the second describe training and/or curriculum programs.

PROJECT *ABSTRACTS*: SERVICE-DELIVERY PROJECTS

CALIFORNIA

State Agency Collaboration. The California Department of Education has assigned consultants to assist all state agencies in developing interagency agreements and contracts to assure that Public Law 94-142 mandates are met. Issues such as differing philosophical orientation, duplication of mandated responsibilities, and gaps in needed services must be resolved. Emphasis is on making maximum use of federal funds and avoiding duplication of efforts.

At present, consultants are assisting in projects related to the sharing of financial resources and the coordination of medical and education personnel in developing meaningful Individual Education Plans. In addition to health and education services, agencies are working together to provide coordinated social work, mental health, vocational rehabilitation, and employment services.

For information about the writing of interagency agreements in California, contact:

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COLORADO

Expanded School Health Program. This urban/suburban-based health services program integrates primary health care into an existing school health program. The primary care which provides both well-child and sick-child care is funded through a grant from the Robert Wood Johnson Foundation in the form of Adams County School District 14 School Health Corporation, a private nonprofit corporation. It is governed by a Board of Directors that includes both educators and medical personnel. Adams County School District 14 also maintains a School District Health Program as a component of its general educational services. This component provides health education screening, first aid, and referral. A coordinator employed by both programs serves as a liaison between the governing bodies and assures integration of services. The two components mesh to provide comprehensive and integrated health services to students of the district. The services of the school district component are available to all students.

free of charge. Parents in the school district may also choose to enroll their children in the School Health Corporation so that they may receive primary health care services from the Corporation's nurse practitioners or physician. Parents are charged for all primary care services as they are received, or insurance forms are processed.

Staff for the School Health Corporation includes a pediatrician/medical director, who contracts with the Corporation to provide medical supervision, technical assistance, and primary care to students needing more medical attention than can be provided by the nurse practitioners. School nurse practitioners serve as primary health care providers for students who do not have a physician and have elected to join the program. The nurse practitioners may also be responsible for evaluating and managing individual children with developmental disabilities or chronic health problems, and families within the system who have been traditionally non-compliant.

Staff of the School District Program includes school nurses, who concentrate on prevention and primary intervention on an itinerant basis and are involved in preventive health programs in the school and community; and health aides (clerks), who provide first aid, conduct screening, maintain health records, refer children needing medical attention, and provide transportation for such children to their homes or to a health care facility. A half-time health educator works with both the School District and the Corporation to coordinate health education with the expanded health services.

This integrated school health program seeks to meet the health needs of students in a community where time, transportation, and medical resources are limited. The services of the Corporation are intended to be supported by medical dollars while meshing with the educational system to provide ongoing support, management, and sensitivity to the health and educational needs of the school-age child. Maintaining a corporation which is organizationally distinct from the school system limits the school district's medical liability and allows an avenue for reimbursements by third party payors.

For more information about this program, contact:

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Commerce City, Colorado 80022
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Grand Junction Collaborative Projects. Several collaborative projects are under way in Grand Junction, Colorado. With impetus from the local school district, an Interagency Council for the Handicapped Child has been formed. This council is composed of representatives from various service providers in the area, including Mesa County School District 51, Mesa County Public Health Department, Mesa County Mental Health Center, the Handicapped Children's Program, the Hilltop Rehabilitation Center, the State Home and Training School, the March of Dimes, Mesa College School of Dental Hygiene, Head Start, and other agencies. The primary focus of this Council is to coordinate community resources and efforts in the

identification of children with developmental delays. Preschool children, high risk children, and children whose parents are concerned about possible problems are screened for speech and language, hearing, vision, dental, developmental, and physical disorders.

When necessary, further evaluations are also provided through this collaborative effort. The School District provides evaluations in speech and language, social work, psychology, and vision. The State Home provides occupational therapy evaluations; the Handicapped Children's Program provides audiological evaluations; and the Mesa College School of Dental Hygiene provides dental evaluations.

All screening and evaluations are donated free of charge to parents. Children who must be referred for evaluation not provided through the Council or those who require treatment are referred to private physicians, Medicaid providers, or, if the child's family cannot afford private care and is ineligible for Medicaid, to the Public Health Department.

Another collaborative project in Grand Junction involves the development of an "umbrella agency," an affiliation of all human services agencies as well as public and private providers. This group will coordinate the sharing of grants, facilities, and staff to meet common responsibilities.

The Hilltop Rehabilitation Center is assisting in these and other collaborative projects. With funds from public and private sources and from third party payors, this private nonprofit facility provides technical assistance and helps service providers develop methods of defining priorities, assigning responsibilities, and coordinating activities.

For more information on the Interagency Council for the Child, contact:

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For more information about the Hilltop Rehabilitation Center and other collaboration efforts, contact:

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Project ECHO. Project ECHO (Early Childhood Health/Education Outreach), an interagency effort in Fremont County, Colorado, was initially organized at the state level through an ad hoc interagency committee called together by the John F. Kennedy Child Development Center. This committee developed a model which called for a local interagency committee to be established as a counterpart to the state committee. The local committee would draw up specific plans for screening, diagnosing, and treating all the handicapped infants and preschool children in the local area. The state committee would serve as a resource in supporting the local project. Fremont County, a rural area in south-central Colorado with an estimated 1,900 children under six years of age, was one of the local communities in which individuals agreed to organize such a model.

Initially, the local mental health clinic took the lead in organizing an interagency council which consisted of decision-makers from local agencies, consumers, and local providers. This council decided that outreach, screening, diagnosis, treatment, and case management of infants and preschool children would be major planning areas. After a needs assessment was completed, the group addressed a number of other issues, such as who would provide screening, where it would be done, what tests would be used, who would coordinate results, and how records would be kept. With the help of the JFK Center, the local council obtained a grant from the State Developmental Disabilities Council to fund a full-time coordinator and a secretary. Today, Project ECHO is an integral part of the community, funded entirely by community contributions and funds.

Many services are provided through the agencies collaborating in this program. The Fremont County Health Department is responsible for the screening segment, which meets twice monthly at various locations. The local hospital offers a second, more comprehensive level of screening when necessary. The local developmental disabilities (DD) facility is responsible for the diagnostic component; and the DD clinic staff, the school special education program, and the family physician are generally responsible for developing an individualized plan of treatment for the child and his or her family. Other agencies and individuals assist in outreach and intervention as appropriate. The project screened approximately 33 percent of all the preschool children in the county in 1978-79 and expects that figure to increase by 7 percent each year.

For information about this interagency effort, contact:

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(303) 275-8952

CONNECTICUT

Hartford Model School Health Project. The Hartford Model School Health Project was initiated by the Department of Pediatrics at the University of Connecticut Health Center and by the Board of Education. Its objective is to develop and evaluate a school health model for urban school systems.

The program provides primary health and dental services to all children enrolled in two elementary schools. The service-delivery model was developed at Mary Hooker School in 1975 through a grant from the Robert

Wood Johnson Foundation. In 1979, the program expanded with the same staffing pattern to the John C. Clark School. Services include treatment of acute illnesses and dental problems, as well as comprehensive screening, diagnosis, follow-up, and health education. Most of these services are provided by nurse practitioners, health aides, and dental personnel who work as school system employees.

While the original financing was through the Robert Wood Johnson Foundation, funds are now received from public sources as well. Ninety-four percent of the children in the program's schools are eligible for Medicaid, and reimbursement is received for services provided to these children. An educational component has evolved as a result of the integration of health service delivery in the schools, so that there is now direct child participation in the treatment process, including such activities as reading throat cultures, assisting with dental procedures, and making decisions about health care.

Preliminary evaluation suggests that the cost of providing services through this model is reasonable, and that children:

1. receive needed treatment earlier;
2. comply better with prescribed treatment; and
3. have fewer visits to emergency rooms, hospitals, and outpatient clinics.

For more information about this project, contact:

Judy Lewis
Project Coordinator
Department of Pediatrics
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Health/Education Collaborative Project. The Connecticut Departments of Health Services and Education are working together to foster interagency cooperation in the provision of services to children with handicapping conditions, and in identifying children in need of those services. This Interagency Collaborative Project selected New Haven as a model site for developing a child-find component.

The medical child-find instrument, consisting of a simple checklist of developmental disabilities relevant to special education, was developed and distributed to physicians and health care facilities in the area by the two agencies. The instrument enables the early identification of children having problems that require special evaluation and educational intervention. Physicians and practitioners refer children who are suspect to the project for review by a multidisciplinary team, which advises and makes recommendations on options available for evaluation, comprehensive assessment, and intervention. A referral thus constitutes a "single-entry" into both health and education services. Evaluation data from the New Haven Project will be utilized in planning programs for other areas in the state.

Another thrust of the project is the development of a curriculum to acquaint health professionals with educational programming for handicapped children. The curriculum is also designed to help educators understand causes, detection methods, and educational implications of handicapping conditions.

Developers of the project hope that collaboration between health and education professionals will lessen confusion on the part of parents, reduce duplication of efforts, and ensure the coordinated use of all available resources. In addition, they believe that collaboration which begins on the state level with the sharing of resources, information, and guidelines for the implementation of legislation will help assure uniformity of services throughout Connecticut. A primary focus will be on dealing with issues that impede communication between educators and physicians.

For more information about this project, contact:

Maureen Slonim, Project Coordinator
Connecticut Health/Education
Collaborative Project
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HAWAII

Interagency Projects. Two interagency projects are under way in Hawaii, a state which has one state-wide school system and one state-wide health department. One project, the Kona Infant and Child Development Program, provides education and health services to developmentally disabled children from birth to five years of age. The other, the Health Support Service Demonstration Project, serves school-age children with orthopedic handicaps and other impairments.

The Kona program, which serves a rural population, combines an infant stimulation component and a preschool. As children in the program develop, they gradually progress from the individual intervention program to the preschool group. This transdisciplinary program emphasizes the integration of comprehensive health, counseling, education, and therapy services, and the provision of training and support to parents. The Department of Education funds a special education teacher and aide, and the Department of Health funds occupational and physical therapy, education therapy, and the assistance of social workers. This model, in which staff members actually live in the community being served and parent involvement is high, is being replicated in other rural areas of Hawaii.

The Health Support Services Demonstration Project, which is located on the island of Oahu, utilizes a decentralized model to provide specialized services to school- age children in urban and rural areas. Transdisciplinary teams of special education and health support personnel at two sites offer intensive diagnostic and therapy services. These teams also meet with parents to discuss the child's needs and to help develop Individual Education Plans. An important component of this program is the in-service training of health support service staff and special educators in developing and utilizing interdisciplinary teams to provide coordinated services to students.

For more information about these projects, contact:

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ILLINOIS

Posen-Robbins School Health Corporation. Posen-Robbins School District includes five distinct communities, one of which is populated by families of Polish origin and four of which are predominantly black. One community has an unemployment rate of 70 percent, while another has only one physician available to provide services. There is no industry to speak of.

Planning a school health care program for such an area would seem quite difficult. However, a health program has been set up which allows students and their younger siblings who are not yet in school to receive health services at any time.

The Posen-Robbins School Health Corporation is nonprofit and separate from the school system. There is no membership fee, and clinics are located in two of the seven elementary schools, one on each side of the district. All families who live in the district are eligible to enroll their school children, even if the children attend other schools. Students may come to the clinics for acute problems; they may be called in for screening; or they may be referred by a teacher. Emergency care is also given to pupils, whether or not their families are enrolled in the program.

Employees of the Health Corporation include school nurse practitioners (one in charge of each clinic), health aides, outreach workers, clinic clerks, a business manager, and assistants. The corporation also contracts with two pediatricians to provide back-up consultation.

The corporation can be reimbursed for EPSDT and other Medicaid services, and families who can pay are billed at the prevailing rates. However, operating costs are not fully covered by these revenues, and a Robert Wood Johnson grant currently funds this project. Pending state legislation could help cover its cost in the future.

For more information about this corporation, contact:

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IOWA

Regional Clinics. Iowa communities, state agencies with responsibilities concerning children, and State Services for Crippled Children (SSCC) are collaborating in the development and management of eight rural, regional Integrated Evaluation and Planning Clinics (IEPC) for handicapped children. Each clinic has a small core staff employed by SSCC and composed of a developmental pediatrician, a pediatric nurse practitioner or a registered nurse, and a secretary. All other professionals involved with the care of a handicapped child are encouraged to participate in evaluation and planning sessions; thus, staffings are likely to include social workers, educators, clinical psychologists, physical and occupational therapists, speech pathologists, and other specialists as appropriate. During these staffings, a lead agency is assigned responsibility for coordinating the referral and follow-up and for ensuring that the child receives needed services. Although evaluation and planning services are provided free of charge to families, treatment must be obtained through referral agencies or specialists.

This federally funded model has relied on a new and cooperative working relationship between education and medical personnel, and between many other child care agencies in the communities, including Head Start, Departments of Public Instruction (Special Education), Social Services, Public Health, Mental Health, and others. Each agency continues to have its assigned responsibilities for providing child services, but representatives of these agencies work within the evaluation and planning clinic to develop an integrated community-based plan. The IEPCs are the major service of regional community child health centers which are sponsored by a board composed of persons from the community.

For more information about this program, contact:

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(319) 353-5865

KANSAS

State Implementation Project. A system of interagency collaboration is being developed in Kansas to provide coordinated preschool programs for handicapped children. With a State Implementation Grant from the Bureau of Education for the Handicapped, the Kansas Department of Education, Special Education Administration, provides technical assistance to state and local agencies in designing models of collaboration.

Preschool Coordinating Committees at both state and local levels are working with mental health facilities, social and rehabilitation services, private and public preschools, local education agencies, physicians, allied health personnel, local health care providers, and parents to plan and develop programs for handicapped preschoolers. The project staff assists these committees in identifying needs and in designing collaborative agreements to meet those needs.

Collaborative activities include the development of comprehensive screening and evaluation models as well as the establishment and implementation of community standards, coordinated referral systems, interagency agreements at the local level, coordination among multiple service providers, and expansion of services. These interagency efforts are designed to address the specific concerns of the rural or urban area involved.

Another focus of the state implementation project is formulation of a coordinated system of in-service and pre-service training of personnel. An in-service, college-credit course has been developed for personnel working with preschool handicapped children. This course, "The Preschool Handicapped Child," is the product of a task force from the Kansas State Department of Education and from five universities.

The project staff has also devoted energies to developing better communication and cooperation with medical communities in relation to the needs of young handicapped children. One such effort involving four regional workshops entitled "Medical and Education Screening for Children with Special Needs" was co-sponsored by the University of Kansas College of Health Sciences, Division of Continuing Education, and the State Department of Education. Each workshop included specific information on screening and referrals for vision, hearing, speech, motor development, medical, and psychological problems. Also included was a component on regional resources and referral procedures. Medical personnel received continuing education credit for the workshop.

For more information about this project, contact:

Phyllis Ellis, Project Director
Kansas State Department of Education
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Topeka, Kansas 66612
(913) 296-3866

Wichita Preventive Dentistry Program. Prevention is the thrust of the dental program sponsored by the Wichita, Kansas, School District. Functioning as one of ten sites for the American Fund for Dental Health's National Preventive Dentistry Demonstration Program (funded by the Robert Wood Johnson Foundation), this program seeks to identify the most beneficial and cost-effective techniques for preventing dental disease.

With their parents' permission, 2,000 children from 24 Wichita public schools have been selected for this study. Dental status was assessed as children entered the program and is re-evaluated annually by a mobile team of national examiners. Children are assigned to one of six preventive regimen groups. A comparison group receives only an annual examination; members of the other groups receive specific combinations of preventive procedures including application of fluorides or sealants, plaque control techniques, diet regulation, and health education. All procedures are performed by school teachers, nurses, dentists, dental hygienists, and dental assistants consistent with the state dental, educational, and health practice legislation.

Designers of this study expect it will yield information on which combination of preventive procedures is most effective in preventing oral

disease. It is anticipated that results will be useful to school systems in planning preventive dental health education and screening programs.

For further information about this project, contact:

Donna L. Travis
Coordinator of Health Services for
Wichita Public Schools
NPDDP Site Administrator
640 N. Emporia
Wichita, Kansas 67214
(316) 268-7876

LOUISIANA

Joint Project for Parents' and Children's Services. The Louisiana Joint Project for Parents' and Children's Services, a federally funded demonstration project, is scheduled to be implemented and evaluated in six Louisiana parishes. The project is designed to develop a system of collaboration and cooperation between the Public Health Department and the Department of Education. Interagency agreements will be developed to eliminate duplication of effort, promote multidisciplinary understanding, and improve early identification, intervention, and referral of high-risk infants and/or children with handicapping conditions.

The purpose of this project is both intervention and prevention. Through early identification of high-risk infants and the earliest possible treatment of prenatal problems, it attempts to minimize the incidence of handicapping conditions by ensuring the delivery of information and providing referral services, parent education, and parent counseling.

This project also seeks to improve methods of locating and identifying three- to five-year-old children with previously diagnosed or undiagnosed handicaps, so that they may receive appropriate education and public health services. Referrals will be made to appropriate agencies and facilities providing needed services.

Designers of the Louisiana project also hope to improve health care services to handicapped children by: 1) conducting a needs assessment to identify service needs and utilization patterns; 2) training medical personnel for participation in the Individual Education Plan (IEP) process; and 3) developing criteria for determining pregnancies and infants at-risk. Early identification efforts will be coordinated with annual child-find projects and with parent education programs.

As guidelines for medical participation in the IEP process are developed and utilized, and as interagency agreements between health and education are formalized, program designers believe that handicapped children will receive better early identification, intervention, and health and education services. The program seeks to reduce family confusion, duplication of efforts, and costs, thus enabling appropriate and effective use of existing programs and enhancing the child's chances of developing to his or her full potential.

Collaboration will be between Maternal and Child Health Programs, EPSDT, and the Handicapped Children's Services Programs. Collaborative functioning within a department will occur in the Division of Special Educational Services.

For more information about this project, contact:

Daphine Thomas, Project Coordinator
Special Educational Services
State Department of Education
Capitol Station, P.O. Box 44064
Baton Rouge, Louisiana 70804
(504) 342-1641

Title XIX School Nurse Program. EPSDT screening in the schools is gaining popularity as a method of meeting federal requirements for providing extensive screening, diagnosis, and treatment to children from six to twenty-one years of age. The School Nurse Program of the State Department of Education in Baton Rouge, Louisiana, has developed a system in which school nurses in fourteen parishes perform comprehensive screening, referrals, and follow-up for Medicaid-eligible school children.

The Office of Family Services contracts to do Title XIX screening, with funds being transferred first to the Department of Education and then to the schools. Eligible families are located and informed of the availability of the screening in the schools; those children in need of further assessment, diagnosis, and treatment are referred to private physicians who are also under contract to the Office of Family Services. All treatment is funded by the program, and if a child does not receive required services, the Office of Human Development is alerted. To avoid duplication of services, the program is coordinated with health units on the local level.

The fourteen parishes which have joined this voluntary collaboration program are characterized by a high population of Medicaid-eligible families. Children whose parents give their permission for participation in the service are screened when they first enter the program and every three years thereafter until they either reach age twenty-one, lose Medicaid eligibility, or drop out of the program.

For further information about this program, contact:

Edia Harris
Bureau of Student Services
P.O. Box 44064
Baton Rouge, Louisiana 70804
(504) 342-3473

The LSU Children's Center. The Children's Center, located at the Louisiana State University Medical Center in New Orleans, is providing evaluation, education, social work, and related services for multiply handicapped children from birth to five years of age. The Center is coordinating services and training within departments of the Medical Center, Local Education Agencies (LEAs), the State Department of Education, the Louisiana Department of Health and Human Resources, and private and state universities.

Educational programs for children in the New Orleans area include the home-based and center-based Infant Education Program (for children from birth to three years of age); the Non-Categorical Preschool (for children from three to six); and the Primary Level Health Impaired Program (for multiply handicapped children from six to nine years of age). These educational programs are provided through an interagency contract between the State Department of Education and the Medical Center. All services are included in the child's Individual Education Plan and are approved by the child's LEA.

In addition, the Children's Center goes beyond the New Orleans area to provide comprehensive multidisciplinary evaluations and develop IEPs for handicapped infants, preschoolers, and elementary grade children on a state-wide basis. A multidisciplinary team is formed for each child, with a minimum of two professionals from the following disciplines: education, psychology, speech pathology, audiology, occupational therapy, physical therapy, social work, and medicine.

The Center is also working with state and local education agencies to develop a policy and procedures handbook to assist LEAs in establishing referral procedures, in arranging the purchase of service from other agencies, and in identifying sources to provide physical therapy, occupational therapy, and health services.

This program is coordinated through a contract with the Louisiana Department of Education and the Louisiana State University Medical Center, and is funded with P.L. 94-142 discretionary funds.

For more information about this program, contact:

Patsy Poche
1100 Florida Avenue
Building 119
New Orleans, Louisiana 70119
(504) 948-6881

MAINE

State Implementation. A State Implementation Grant from the Bureau of Education for the Handicapped is funding a project to develop a model for coordinating services for handicapped preschool children in Maine. State Departments of Human Services, Mental Health and Corrections, and Education comprise a state level committee which fosters collaboration in the provision of services through EPSDT, Title XX Day Care, Maternal and Child Health, Special Education, Social Security Insurance for Disabled Children, Medicaid, and public schools.

Seven local projects to implement the collaboration model are supported by state funds, with the local schools serving as fiscal agents. Community service providers work with parents, private physicians, and others in coordinating existing services and in developing new ones; they also participate in planning at the state level. Since the seven local projects are in diverse areas of the state, the methods of implementing the

service model vary. Two projects are in an urban setting, four in rural, and one in an area that is both urban and suburban.

For more information about this project, contact:

Christine Bartlett
Early Childhood Consultant
Division of Special Education
State House Station #23
Augusta, Maine 04333
(207) 289-3451

MASSACHUSETTS

Brookline Early Education Project. In 1972, the Brookline Early Education Project (BEEP) embarked on a long-range plan to work with a group of newborn babies and their parents until the children entered kindergarten. Through a combination of education and medical diagnostic programs, BEEP's work with these families was directed toward shaping home, school, and health care environments to encourage the full realization of each child's abilities.

This pilot project of the Brookline Public Schools received funding from the Carnegie Corporation and the Robert Wood Johnson Foundation. The Children's Hospital Medical Center in Boston became an active collaborator by providing an on-site medical team for diagnostic assessments and research.

This project involved an early education model in which a public school system took responsibility for coordinating programs and services for families during the preschool years. The central idea of BEEP is that parents are the most influential teachers of their children and that educators and pediatricians can help them in this role.

The BEEP did not attempt to develop entirely new programs; rather it sought to utilize existing programs and draw on such sources as child development research, successful preschool models, and progressive pediatric practice. Its purpose was to develop and later evaluate a coordinated plan for diagnostic services, education programs for parent and child, and family support services.

The service phase of this project, which operated from 1973 until 1979, was composed of three units: the Diagnostic Program, in which an interdisciplinary team conducted periodic physical, neurological, and developmental assessments; the Parent Education and Support Program, which provided home visits, parent training, and information and referral services; and Education Programs for Children, which included weekly play-group sessions and a pre-kindergarten program.

At present, the effectiveness of this program is being evaluated. For more information, contact:

Donald Pierson, Ph.D., Director
Brookline Early Education Project
287 Kent Street
Brookline, Massachusetts 02146
(617) 734-9415

Cambridge Pediatric Neighborhood Health Center. All Cambridge, Massachusetts, children from birth to eighteen years of age are eligible to receive free health care through six neighborhood clinics, five of which are located in public schools. Enrollment in this health program begins either in the maternity ward at Cambridge Hospital, or at home when the child is one month old. Parents, who are given the option of enrolling their infant in the program or of finding their own source of medical care, have responded favorably; almost 70 percent of all children in the target areas are enrolled. Babies receive comprehensive primary care services, and at the age of four, each child receives a complete evaluation by a nurse practitioner in preparation for school. Once in school each pupil's health status is assessed at least twice a year by a nurse-teacher team.

Nurse practitioners provide year-round well-child care, as well as diagnostic and treatment services with protocols approved by consulting physicians. Clinic patients also have access to a complete array of services at Cambridge Hospital, including orthopedics, pediatric surgery, neurology, psychiatry, and developmental evaluation. More specialized or intensive care is available at nearby Massachusetts General Hospital.

This program involves the Cambridge Department of Health and Hospitals and the School Department. By consolidating existing health care services and gradually replacing school nurses with nurse practitioners, it offers comprehensive health care without requiring additional funding.

For more information about this program, contact:

Philip J. Porter, M.D., Director, or
Judith Fellows, Public Health Analyst
Department of Pediatrics
Cambridge Hospital
1493 Cambridge Street
Cambridge, Massachusetts 02139
(617) 498-1494

MICHIGAN

Family Neighborhood Program. In an effort to identify ways of helping parents cope with the responsibilities and stresses of raising children, the W.K. Kellogg Foundation has awarded a grant to the Merrill-Palmer Institute in Detroit. The project utilizes a neighborhood center and home visit approach to provide formal and informal support for parents of preschool children. Working in collaboration with the Wayne-Westland Community Schools, this program coordinates parent-support services through public health and social service agencies, a city-operated domestic violence project, and such private providers as churches and the United Way.

Since the families served are those with very young children (many are less than six months of age), health is an area of primary concern. By providing parents with education and support, this project seeks to promote the growth and development of children. Direct counseling is provided, and referrals to existing community resources are made.

The Wayne-Westland School District, a low income area, was selected for

this project in an effort to devise a model for family intervention that might influence school achievement. When the Kellogg Foundation grant ends, it is anticipated that the School District will assume financial support.

For more information about this program, contact:

Douglas Powell, Ph.D.
Research Psychologist
Merrill-Palmer Institute
71 East Ferry
Detroit, Michigan 48202
(313) 875-7450

Lansing School District Health Program. The W.K. Kellogg Foundation is supporting a health education program in Lansing, Michigan, in which the public schools, community health facilities, and Michigan State University are collaborating. Children entering kindergarten are screened for developmental and health status by educators and support staff in the school district. Referral and follow-up are provided when necessary. The program also sponsors parent workshops, a toy lending library, and a sequence of manipulative activities for skill development.

Health professionals in the community are encouraged to become more attentive to developmental problems in children. Forms to be used in medical evaluation have been developed, and workshops (accredited by the College of Medicine and Bingham County Medical Society) for practicing physicians are being offered.

Health education curricula are used at the elementary and high school level, and a network of guest speakers from volunteer agencies, medical groups, and community resources participate in classroom activities.

For more information about this program, contact:

Dorothy Blom
Hill High School
5815 Wise Road
Lansing, Michigan 48910
(517) 374-4718

MONTANA

State Collaborative Effort. Developmental Assessment Services, a private nonprofit group, is helping coordinate services for young handicapped children in eastern Montana. Working with the State Office of Social Rehabilitation Services, Community Services, public facilities, and local schools, this group is also collecting data to determine the most effective models of service delivery for rural communities.

Eastern Montana is a medically underserved area, with no pediatricians and few general practitioners or health support staff (e.g., psychologists, speech therapists, occupational therapists, physical therapists). After a needs assessment revealed that state and local agencies in the area were confused about mandated responsibilities, Developmental Assessment Services started working to set up collaborative ties which would make

optimum use of resources in local communities and provide technical staff and assistance to fill service gaps in communities with no services.

A comprehensive network of screening, evaluation, referral, treatment, and follow-up is being developed for children from birth to five years of age. An Interagency Committee with representatives from all agencies serving handicapped children has also been formed to analyze cost data and effectiveness of collaborative programs, and to initiate new ways of sharing resources and working together.

Funding for this program has come from a federal grant routed through state offices. When the federal grant expires in 1981, funding for some of the program's activities will be assumed by the state.

For more information about this program, contact:

Peter Degel, Executive Director
Developmental Assessment Services
Glendive Medical Arts Center
Glendive, Montana 59330
(406) 365-6031

NEW YORK AND COLORADO

Robert Wood Johnson School Health Projects. In addition to Utah and North Dakota (see abstracts in this publication), Robert Wood Johnson Foundation School Health Services grants have been awarded to New York and Colorado. The New York demonstration project provides primary health services through a school nurse practitioner model in two sites, serving parts of three counties (two of which are rural, one of which is urban). The area served includes three rural school districts, two special education centers, and eight targeted school buildings in the urban district. Preventive measures such as screening and immunizations are provided, as are diagnostic and treatment services.

The Colorado Robert Wood Johnson Foundation School Health Project also involves the delivery of health care services through the schools. An abstract on the Commerce City Health Program, one of the three model sites in Colorado, is included in this publication.

For more information about the New York School Health Program contact:

Arlene Sheffield, Director
School Health Demonstration Program
State Education Department
Bureau of School Health, Education & Services
Room 964-EBA
Albany, New York 12234
(518) 474-1491

For more information about the Colorado School Health Services Project, contact:

Dorothie Clark, Ed.D.
Project Director
Colorado Department of Health
4210 East 11th Avenue
Denver, Colorado 80220
(303) 320-6137, ext. 409

NORTH DAKOTA

Bismarck Health Services Project. Screening for preschool youngsters, immunizations and fluoride treatments for public school students, and blood pressure checks for parents and grandparents are but a few of the services provided through the School Health Project in Bismarck, North Dakota. With funds from the Robert Wood Johnson Foundation, this pilot project is utilizing a community-oriented approach to preventive health care. Nurse practitioners in every school provide comprehensive screening, diagnosis, referral, counseling, and (if appropriate) treatment. Physicians under contract to the Health Department review case records, sign treatment protocols, and are available for consultation whenever necessary. Since there are few physicians in this rural area, the school nurse practitioners often work with all members of a school child's family. Thus, health problems of siblings, parents, and even grandparents may be detected through this model.

The training of nurses who reside in the area as nurse practitioners and the participation of parents on the advisory committee have done much to gain community support. County and state health, social services, and education agencies are collaborating in this effort. Medicaid covers expenses for eligible families, and a billing system is currently being set up for others. However, no handicapped child will be refused service because because of a family's inability to pay.

For further information about this project, contact:

Linda Simmons
North Dakota Department of Health
State Capitol
Bismarck, North Dakota 58505
(701) 224-4548

OREGON

Family Head Start. Comprehensive family services are an integral part of a Head Start program in Salem, Oregon. The Child and Family Resources Program, or Family Head Start as it is known, views the family as the best and cheapest environment for the education and care of children. By providing parents with counseling, training, and support, Family Head Start hopes to improve the quality of life for children in the program.

As part of a federally funded National Demonstration Head Start Program, this center offers a wide range of child development and family services. The core Head Start Program has been expanded to include such services as remedial health care, counseling, life support services, and adult education courses in such areas as parenting, health education, nutrition, behavioral problems, and child development. Information about available community resources is also provided.

This program involves the collaboration of local health and education agencies and formal and informal links with public and private providers in the community. Head Start classes and parent training sessions are held in public school classrooms, and home visits are conducted regularly.

For more information about this program, contact:

Judy Cooper, Director
Family Head Start
(Child and Family Resource Program)
2455 Franzen, N.E.
Salem, Oregon 97301
(503) 581-1152

Interagency Collaboration Project. The Oregon Interagency Collaboration Project is a federally funded model program to facilitate collaborative interagency agreements at the local community level. The project seeks to reduce the duplication of services, fill in gaps where services are not readily available, assist in the exchange of client information, and help coordinate financial arrangements for health and education services to handicapped children. The project works closely with directors of special education and superintendents of Oregon's 35 Education Service Districts, and with local school districts.

When a local community requests assistance, various agencies involved with services for handicapped children are brought together, and interagency collaborative efforts are facilitated. Community-based, interdisciplinary evaluation and follow-up clinics for multiply handicapped children are the mechanism around which collaborative efforts are developed. These clinics provide primary evaluations to children who have been referred because of a suspected developmental problem. Another aspect is the promotion and coordination of in-service training programs for teachers and health professionals on the management of physically handicapped children.

The project is also helping to develop interagency agreements among state-wide agencies providing services to handicapped children. These agreements will address each agency's legal requirements and will serve as guidelines for local community agencies in developing their own agreements. At the state level, the project involves collaboration between the State Department of Education and the Crippled Children's Division of the University of Oregon Health Sciences Center. It also works closely with local professionals in education, health, social, rehabilitation, vocational education, and community service agencies to coordinate health and education services for handicapped children.

By the end of the three-year project period, it is anticipated that local interagency coordinating arrangements will have been established in at least five counties. The responsibility for keeping current these agreements will be specified in each of the agreements. The local school system or the Education Service District is expected to assume responsibility for continuation of the interdisciplinary evaluation clinic. The responsibility for continuing in-service training programs for teachers and health professionals in local communities will be carried on by the Education Personnel and Development Committee of the State Department of Education.

For more information about this project, contact:

Jerry O. Elder, Director
Interagency Collaboration Project
Crippled Children's Division
P.O. Box 574
Portland, Oregon 97207
(503) 225-8618

Project C.A.R.E. A collaborative project in Portland, Oregon, seeks to ensure that the medical, social, emotional, and academic needs of disruptive, learning disabled or emotionally handicapped children are met. By developing interagency agreements regarding procedures, protocols, responsibilities, and referrals, Project C.A.R.E. (Cooperative Agency Rehabilitation Effort) facilitates the delivery of services to children and their families seen through Portland's various public child-serving agencies. These agencies include juvenile court, public health, mental health, child welfare, special education, and youth service centers.

Project C.A.R.E. assists in writing interagency agreements which take into account each agency's mandated responsibilities, constraints, and areas where flexibility is allowed. Using local middle schools as a base, biweekly case reviews are held for each child, and an interagency case manager is assigned responsibility for facilitating and coordinating services for the child. In this way duplication can be avoided; areas where new services must be added can be pinpointed; and the child's specific needs can be met.

The program operates out of two middle schools this year, with six new sites planned for 1981. Children served will range from kindergarten through twelfth grade. Services coordinated through this project include medical and dental care, neurological evaluation and treatment, transportation to medical appointments, Big Brother or Big Sister pairings, tutoring, summer camps, job referrals, and other community programs.

This pilot project, which is supported by Title IV-C funds routed through the State Department of Education, is sponsored by the State of Oregon and by Portland Public Schools. The school district plans to assume funding responsibilities after federal money expires.

For more information about this program, contact:

Pat Hoffman, Director
Project C.A.R.E.
Department of Special Education
Portland Public Schools
220 N.E. Beech Street
Portland, Oregon 97212
(503) 288-5361

PENNSYLVANIA

EPSDT in Philadelphia Schools. Since 1977, the School District of Philadelphia has incorporated EPSDT in the schools. In a cooperative effort with the Commonwealth of Pennsylvania Medicaid Office and the Division of School Health Services, several hospitals and health care facilities in the area have contracted with the school district to perform EPSDT screens on all children in certain grades at no cost to the district. Only approved EPSDT-providers may participate. The providers are reimbursed for providing these services to Medicaid-eligible children through the Pennsylvania Medical Assistance Program. The costs of providing identical services to children who are not eligible for Medicaid are adsorbed by the providers.

A physician performs a complete EPSDT assessment and physical examination, including appropriate laboratory tests. Children who require treatment are referred to their own physicians or clinics. They are given the option of making an appointment with the provider who performed the screening, but no treatment takes place in school. Follow-up is conducted by the school nurse and the Medicaid case worker.

The school nurse's role in this service model is to screen children for vision, hearing, and growth problems, and to schedule appointments with the contracting physicians. Nurses also obtain the parents' consent for services, take the child's health history, check immunization status, and record the Medicaid number.

Since the School Health Services budget for physicians has been reduced, this alternative approach has become an even more important part of the district's school health program. To help increase provider participation, the district informs them in advance of the percentage of children in each school's catchment area who are eligible for Medicaid reimbursement. Based on this information, the provider can determine the feasibility of contracting to do the screening and assessment for a particular school.

For further information about this program, contact:

Herbert Hazan, Director
School Health Services
Room 115
Twenty-first and Parkway
Philadelphia, Pennsylvania 19103
(215) 299-7481

James McKittrick, Chief
Division of Exceptional Reimbursements
Bureau of Medical Assistance
Health and Welfare Building
Harrisburg, Pennsylvania 17120
(717) 787-1171

School Health Program. A state-wide school nurse practitioner program which makes optimal use of the nurse's expertise is under way in Pennsylvania as an alternative to the previously mandated system in which nurses spent much time in screening and clerical tasks. This new and expanded system offers a total health care service at the same level of State Health Department funding previously spent on a more limited program. Trained aides now conduct routine screening and clerical tasks, while school nurse practitioners perform physical assessments, develop in-depth health histories, and identify physical, dental, psychosocial, and developmental problems. The nurses also provide diagnosis, referral, follow-up, preventive health care, counseling, health education, and (in some cases) treatment. The school physician serves as a consultant to review health records, assist in complex cases, and participate in case staffings.

When a school district decides to change to this new system, a plan is developed on the basis of the health needs of the student population. Nurses seeking to become practitioners must devote five months to preceptored training in the school district acquiring additional skills in physical assessment, health history-taking, and problem identification and management.

In addition to providing actual health services, this program prepares students to assume an active role in the maintenance of good health. Although children rely on their parents to see to their health needs during the elementary grades, in middle school they complete necessary health forms with minimal assistance. By high school, students independently schedule their own health appointments and request physicals, counseling, or other services.

For more information about this program, contact:

Bernice P. Baxter
Director of School Health
Bureau of Professional Health Services
Pennsylvania Department of Health, P.O. Box 90
Harrisburg, Pennsylvania 17120
(717) 787-2390

TEXAS

School Health in Galveston. School health in Galveston reflects a combination of disciplines and programs. The Galveston Independent School District provides extensive school health services. The Division of School Health and Community Pediatrics, based in the Department of Pediatrics, University of Texas Medical Branch (UTMB), adds a multidisciplinary unit for training and research.

School nurses and pediatric nurse practitioners in this school district offer not only health maintenance services, but also problem-solving, medical assessment, and follow-up activities. Children regularly receive screening and health appraisals for height, weight, vision, hearing, and developmental and immunizations status. The presence of any physical or mental handicap is noted, and children in need of further attention are referred to the appropriate agency or specialist. Consultant physicians provide back-up in cases involving medical or developmental problems;

and nurse practitioners oversee follow-up to ensure that the child receives needed services through private practitioners or community agencies.

Because of the great potential in school health programs to influence prospects of health in childhood and to limit adverse effects of problems on learning, UTMB is making a substantial commitment to work with other county schools. A School Health Program Advisory Committee oversees the interaction between the schools and UTMB regarding training, research, and service projects.

Training in the Division of School Health and Community Pediatrics involves collaboration with eight area school systems to provide physician consultation. Pediatric residents and fellows at UTMB serve as consultants to the schools as a required part of their program. Although the consultants' activities vary somewhat among school districts because of different needs and resources in the school, the following are general activities in which the physician-consultant is likely to be involved:

1. Consulting with the school nursing staff to help nurses enhance their skills in dealing with children with special needs, with health care providers, and with other health service functions;
2. Consulting with special education staff about medical concerns of individual children;
3. Serving as a member of an individual school or central support service team, which may include helping to identify the following for children with special needs:
   a. appropriate management procedures
   b. implications of medical problems for the education program
   c. appropriate program resources for children with special needs;
4. Acting as liaison between schools and community medical care providers and health agencies.

This program receives financial support from the participating school system and the UTMB Department of Pediatrics. Research in the Division of School Health and Community Pediatrics focuses on the development of school and community programs to meet the health needs of children and adolescents. Much of the research is carried out in the community, taking the form of evaluation of model programs in child health and pediatric training. Division research aims at bringing together health care and education professionals to develop and implement health education programs and health services of direct benefit to children and families.

For further information about this project, contact:

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Director, Division of School Health
and Community Pediatrics
University of Texas Medical Branch
1202 Market Street
Galveston, Texas 77550
(713) 765-2683

UTAH

Health and Education for Handicapped Children Program. The Utah State Department of Health (Division of Family Education) and the State Office of Education (Division of Special Education) are collaborating in a project for handicapped children. The two main components of this federally funded project are: 1) the Handicapped Child Data Project, and 2) the Newborn Questionnaire Project.

The Handicapped Child Data Project is an interagency collaborative effort involving health and eduation; its goal is to facilitate the transfer, usefulness, and utilization of data generated and/or gathered by preschool programs in developing special education plans for handicapped children. Concurrently, the project facilitates the transfer and usefulness of data between health agencies, preschools, and schools serving the handicapped. The basic design of the Handicapped Child Data Project involves the gathering of pre- and post- intervention data for comparison. The initial step is an in-depth assessment of the transfer system between the schools, preschools, health agencies, and parents. The project team uses interviews, questionnaires, and record reviews to gain a thorough understanding of the present situation. The team will design and carry out in-service modules in direct response to the needs identified by the participants. In addition, the team will recommend specific procedures and formats directed at: 1) improving the usefulness and timeliness of the transferred information, and 2) producing optimal cumulative health records. The effectiveness of the project will be evaluated, and revision and replication will follow.

The Newborn Questionnaire Project is facilitating the earlier identification of handicapped children by developing and administering high-risk screening tools and physical examinations. This project, which also involves collaboration with the Utah Council for the Handicapped and Developmentally Disabled, is a modified research study with 80 percent of its subjects (parents and infants) from urban hospitals and 20 percent from rural hospitals. The following instruments will be used to collect data on infants: 1) a post-natal questionnaire for the newborns' parents, 2) Broussard's Neonatal Perception Inventory with parents of infants one month old, and 3) standardized physical examinations when the child is six months and twelve months. Data collected will be analyzed to determine effectiveness in identifying infants with handicapping conditions. Long-term follow-up will be conducted for all participating subjects.

For more information on this project, contact:

Elwood Pace
State Director of Special Education
Utah State Office of Education
250 East 5th South
Salt Lake City, Utah 84111
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Fred White, Project Director
BEH-BCHS Grant
Department of Health
44 Medical Drive
Salt Lake City, Utah 84111
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Peter van Dyck, M.D., M.P.H.
Director of Division of Family Health Services
44 Medical Drive
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(801) 533-6161

Tooele School Nurse Practitioner Program. In a rural area of Utah, forty-five miles west of Salt Lake, a five-year study is being conducted to demonstrate the contributions that school nurse practitioners can make to comprehensive health services for children. Tooele, Utah, which has been designated as a medically underserved area, is the site of a Robert Wood Johnson Foundation study to develop a model for incorporating nurse practitioners into rural school health programs. Through clinics in the five schools in the study, nurse practitioners provide comprehensive screening, preventive health programs, immunization clinics, and health education. Physicians in the area have contracted to provide training preceptorship and medical support services for the nurse practitioners. Potential involvement with an EPSDT program is being evaluated, but problems regarding requirements that EPSDT be provided by physicians (and not nurse practitioners) must first be resolved.

Several aspects of this study deserve special mention. The Tooele area is characterized by a shortage of medical facilities and by low utilization of social projects. Parental resistance to state or federally funded programs must be overcome, and misunderstandings about the purpose of the program resolved. For example, the fear that these programs might foreshadow socialized medicine is often expressed, so the delivery system that evolves will by necessity be one which addresses questions of public education and parent involvement.

This project is in its second year of funding. Last year, nurse practitioners were trained; direct student health services were offered for the first time in 1980.

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WASHINGTON

Tacoma Interagency Plan. In Tacoma, Washington, a federally funded project is helping develop collaborative agreements among human services agencies working with the handicapped. The project utilizes a third party consultant approach and operates through the local school system.

One such agreement joins health and education personnel into teams which perform comprehensive screening at schools and other locations. Through another agreement, health and education screening is done in the offices of three pediatric group practices. Office staffs are trained to

screen for health and developmental status and for educational readiness as well. The relative effectiveness of doing such screening in pediatricians' offices rather than in schools will be evaluated.

The Tacoma interagency collaboration project has prepared a handbook, entitled "Interagency Practitioners Handbook," which can be used by local agencies to develop agreements for sharing responsibilities and resources. The text describes one model process for the implementation of interagency activities and the necessary qualities and background of an interagency practitioner.

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PROJECT ABSTRACTS: TRAINING/CURRICULUM PROGRAMS

CALIFORNIA

Health Activities Project. Traditional health education curricula have often left children bored and teachers frustrated, because textbook approaches to principles of good health frequently have not motivated children's interest. To combat this problem, the Health Activities Project at the University of California at Berkeley has developed a curriculum in which children in grades four through eight can teach themselves about health. Using materials supplied in self-contained kits, children first learn to measure their own pulse rates, lung capacities, and reaction times, and then learn how to improve their health status. No classroom lectures or written texts are involved; the children learn simply by doing. For example, children take their own pulse rates before and after exercise, then calculate the length of time their bodies require to recover a resting pulse rate. They also learn that after a one- to two-week period of "shape-up" exercises involving walking, running, or jumping, they can reduce their recovery times and thereby improve their physical condition. The motivation thus comes from within; children are curious about their bodies and enjoy seeing how they can improve their physical abilities. The emphasis throughout is on rate of improvement and not on any pre-set standards of performance.

Initially developed by a team of physiologists and lay teachers, the curriculum received extensive input from doctors, classroom teachers, and students themselves. Local and national trial testing has been conducted on the curriculum for grades four through seven, and private funds have been received to support development of similar programs for children in kindergarten through grade three.

Although this curriculum series has been used primarily in school settings, it is also being incorporated into community programs and centers. It has been included in training programs for health educators and nurses, in recreation programs for hospitalized children, and in cardiac therapy programs for persons recovering from strokes.

For more information about the design or content of this program, contact:

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For more information about ordering curriculum materials, contact:

Hubbard Publishers
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Northbrook, Illinois 60062
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COLORADO

JFK Center's Training Programs. The John F. Kennedy Child Development Center, University of Colorado Health Sciences Center, has developed several training programs for physicians, speech pathologists, psychologists, social workers, and others in the field of allied health. These programs are designed to enhance the potential of handicapped children.

Pediatric Developmental Diagnosis is a 26-hour tutored videotape program which teaches primary care physicians to identify and diagnose mental, physical, and emotional handicaps in children from birth to age six—the time when remediation efforts are most effective. Twenty hours of classroom instruction focus on teaching such skills as conducting neurological and neuromotor examinations; administering speech and language, vision, and hearing tests; and conducting metabolic and genetic evaluations. Included in the training package is information about how physicians can work effectively with schools, citizen groups, community agencies, and the family to better meet the handicapped child's education and health needs. The program, which is being offered by specially trained tutors in 27 states and the District of Columbia, was developed by funding from the Office of Human Development, Department of Health and Human Services (formerly HEW). Specialists from many fields, including education, were involved in developing the curriculum for this program.

The Speech and Language Assessment and Treatment of Handicapped Infants and Preschool Children features specific methods for working with very young handicapped children; detailed instruction in diagnostic and therapeutic techniques and activities which clinicians can teach to parents for use at home. The content and format of this sixteen-lesson series were designed in response to needs expressed by practicing speech and language pathologists across the country. Each lesson consists of a lecture, videotaped demonstrations, practicum instruction, and written procedures for intervention and treatment.

Psychological Assessment of Infants and Young Children: A Training Program in Developmental Disabilities is a program of twenty written and videotaped lessons designed to assist practicing psychologists in assessing handicapped young children who, as a result of Public Law 94-142, are now being referred to school systems for needed services. The program covers both needed techniques for assessment and the conceptual issues involved in infant assessment. The program was designed for in-service training, continuing education, graduate level courses, and specialized workshops.

A similar training program is currently being developed for social workers. This program addresses key concepts of family systems theory, the identification of major socio-emotional issues associated with having a handicapped child, and the social worker's own emotional reaction to such issues.

For more information about these programs, contact:

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Project Health P.A.C.T. Project Health P.A.C.T. (Participatory and Assertive Consumer Training), a health education program developed at the University of Colorado Health Sciences Center, seeks to prepare school-age youth to assume responsibilities when requiring professional health services. Through various methods of instruction, students enrolled in this program learn how to actively participate in their own health care during a visit to a physician's office, public health clinic, or hospital.

This program presents a view of the consumer's role which is in contrast to previous expectations that children should remain quiet, cooperative, and relatively passive in such situations. Health professionals now recognize that active involvement (beginning during childhood and adolescence) is necessary if health problems are to be resolved, and if the public is to learn how to negotiate for the most economical and effective health care available.

Project P.A.C.T. seminars and materials provide the health professional (physician, dentist, nurse, nurse practitioner, etc.) with the knowledge and tools necessary to train children for becoming assertive consumers. After completing the two-day accredited seminar, health professionals become the teaching staff for P.A.C.T. and assist children through instruction and clinical experience in developing new consumer skills. Such instruction can take place in a classroom, school clinic, public health facility, private office, or any health care setting.

Financial support to develop this program has come from health as well as education sources. Children, adolescents, writers, and artists worked with the faculty of the School Nurse Practitioner Program and the Educational Services Unit of the University of Colorado Health Sciences Center to develop P.A.C.T.

For information about the program, contact:

Judith Igoe
The School Nurse Practitioner Program
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School Nurse Achievement Program. A self-instructional training course for school nurses has been developed by the University of Colorado Health Sciences Center. The School Nurse Achievement Program (S.N.A.P.) is designed to prepare school nurses to deliver more effective health services and education to handicapped children and adolescents. The five goals of

this federally funded project are:

1. To increase the school nurse's knowledge of physically and emotionally handicapping conditions of children and adolescents;
2. To improve the school nurse's clinical skills and judgment in evaluating and managing students with handicaps;
3. To enhance the school nurse's attitudes toward handicapped students and their families;
4. To increase the school nurse's abilities to function as a health resource for school personnel with respect to handicapped students;
5. To improve the school nurse's abilities to coordinate health information about handicapped students between schools, community health agencies, and physicians.

Nurse coordinators from the eight states selected for this phase of the program will be trained at the University of Colorado Health Sciences Center to teach the course to others. They will then return to their home states to oversee the in-service training of school nurses. Since this is a self-instructional program, classroom attendance is limited to only one day at the beginning and at the end of the eight-week course.

It is projected that at least 4,500 school nurses will be trained in a two-year period. The program will be evaluated for effectiveness in cognitive, affective, and skill areas, and revisions will be made as necessary.

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TRAINING/CURRICULUM PROGRAMS

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RELATED READING

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- **A primer**
- **A guide to state level planning and development**
- **A guide to local implementation**
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- **A guide to federal policies and agreements regarding vocationally oriented education and rehabilitation programs**
- **An annotated bibliography and glossary of acronyms and terms**

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